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FOREIGN PROFIT/NONPROFIT CORPORATION

STOLZ SAILPOINTE MANAGER, INC.

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1/10/2007

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Stolz Sailpointe Manager, Inc.		
(Name of corporation - must include sufflx)		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
Bradley J. Denson, Esq.		
(Name of Person)		
Nelson Mullins Riley & Scarborough, LLP		
(Firm/Company)		
999 Peachtree Street, NE., 14th Floor		
(Address) Atlanta, Georgia 30309		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Bradley J. Denson, Esq. _{et /} 404 \ 817-6262		
Bradley J. Denson, Esq. at (404) 817-6262 (Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:		
S70.00 Filing Fee \$\bigcup \\$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status \$\bigcup \\$78.75 Filing Fee & Certificate of Status & Certified Copy		

H07000008461 ·

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

([f name unavail	able in Florida, enter alternate corporate name adopted for the purpose of transacting busines	s in Florida)	
Georgia	_{3.} 20-8184787		
(State or country	under the law of which it is incorporated) (FEI number, if applicable)		
January	9, 2007 _{5.} perpetual		
(Date	of incorporation) (Duration: Year corp. will cease to exist or	"perpetual")	
. DA	TE OF REGISTRATION		
· <u></u>	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
366 Nort	h Main Street, Suite 400, Alpharetta GA 30004		
300 14016	(Principal office address)		
366 Nort	h Main Street, Suite 400, Alpharetta GA 30004		
	(Current mailing address)	TA S	07
		ΕG	
, <u>Real Est</u>	ate Investment	<u></u>	- E
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	ATT C	
. Name and stre	et address of Florida registered agent: (P.O. Box NOT acceptable)	m _⊆	PH
Name:	NRAI Services, Inc	FLO FLO	ΐρ ≖
Office Address:	2731 Executive Park Drive, #4	UF STATE E. FLORIDA	35
	Weston , Florida 33331		•
	(City) (Zip code)		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agentés-signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: I. William Stolz, III.	
Address: 366 North Main Street, Suite 400, Alpharetta GA 30004	<u> </u>
	≥ 器
Vice Chairman: Same as above	ASS.
	M.
Address:	- -
	<u> 울</u>
Director;	- S m-
Address:	
Director;	
Address:	
B. OFFICERS	
President: I. William Stolz, III.	
Address: 366 North Main Street, Suite 400, Alpharetta GA 30004	
Address: Odo North Main Citodi, Cano 400, Aprilatetta CA GOOG4	
L Milliam Stale III	
Vice President: 1. William Stolz, III.	
Address: 366 North Main Street, Suite 400, Alpharetta GA 30004	
	
Secretary: 1. William Stolz, III.	
Address: 366 North Main Street, Suite 400, Alpharetta GA 30004	
Treasurer: I. William Stolz, III.	
Address: 366 North Main Street, Suite 400, Alpharetta GA 30004	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	ors.
13. * IN A	
(Signature of Director or Officer listed in number 12 of the application)	
14. I. William Stolz, III. DIRECTOR.	
(Typed or printed name and capacity of person signing application)	

Control No. 07002166

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF INCORPORATION

I, Karen Handel, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

STOLZ SAILPOINTE MANAGER, INC.

a Domestic Profit Corporation

has been duly incorporated under the laws of the State of Georgia on 01/09/2007 by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on January 9, 2007

Sully Cop

Cathy Cox Secretary of State O7 JAN 11 PH 2: 36

APPHOVEL FANDOVEL

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